

AUTHORIZATION FOR USE OF HYDRANT WATER METER

City of Santa Clara Water & Sewer Utilities

Phone:(408) 615-2000 Select Option # 2 - FAX (408)247-0784

Responsible Party's Billing Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsible Party's Phone Number: _____ Site Supervisor's Cell Or Pager Number: _____

** Signed: _____

(Responsible Party's or Representative's Signature)

PLEASE PRINT NAME

** By signing this application, I acknowledge receipt of a copy of the "Water from Fire Hydrants" and accept the conditions thereof.

Type of Work to be Performed: _____

Will water used be discharged into sanitary sewer system? Yes ____ No ____ (If Yes, Sewer Charges Will Apply)

Dates of Work

Location of Work

Portable hydrant meter must be returned to the Water Department at 1705 Martin Avenue upon completion of work stated above.

ISSUED

RECEIVED

DATE _____

DATE _____

METER READING _____

METER READING _____

QUANTITY

CONDITION

DESCRIPTION

QUANTITY

CONDITION

CIRCLE ONE

GOOD METER SERIAL # _____ **GOOD/DAMAGED**

GOOD BACKFLOW # _____ **GOOD/DAMAGED**

GOOD ADJUSTABLE HYDRANT WRENCH (\$25.00) _____ **GOOD/DAMAGED**

EXCHANGED FOR METER # _____ READING _____ BACKFLOW # _____ DATE _____

EXCHANGED FOR METER # _____ READING _____ BACKFLOW # _____ DATE _____

DAMAGED/MISSING PARTS

COST

ISSUED BY _____

RECEIVED BY _____

ACCEPTED BY _____

RETURNED BY _____

FOR CASHIER'S USE ONLY:

AMOUNT OF DEPOSIT: \$1839.00

Receipt # _____ Date: _____ Cashier's Initials: _____

Transferred Date: _____ Customer #: _____